

(2) BAR ADMISSION INFORMATION:

(a) State bar admission(s), date(s) of admission, and bar number(s):
Georgia, 2006, 653602; New York, 2008, 4645255; D.C., 2020, 1671299

(b) Other federal court admission(s) and date(s) of admission:
E.D. Tenn. 2007; S.D.N.Y. 2010; 5th Cir. 2015; D.D.C. 2021; D.C. Cir. 2021;
9th Cir. 2021; Supreme Court 2022

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

- I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.
- I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) CM/ECF REGISTRATION:

I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the requirements of LR 83-3, and I certify that the above information is true and correct.

DATED: 01/10/2023

Regina Lennox

(Signature)

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement to associate with local counsel under LR 45-1, check the following box:

I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application.

To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel.

Name: McLane Michael
(Last Name) *(First Name)* *(MI)* *(Suffix)*

OSB number: 904435

Agency/firm affiliation: [Lynch Murphy McLane LLP](#)

Mailing address: 1000 SW Disk Drive

City: Bend State: OR Zip: 97702

Phone number: (541) 383-5857 Fax number: _____

Business e-mail address: mmclane@lynchmurphy.com

CERTIFICATION OF ASSOCIATE LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in case number 2:22-CV-01815-IM (lead).

DATED: 01/11/2023

Michael R. Meltzer
(Signature of Local Counsel)